

**MORRIS COLLEGE  
OFFICE OF ADMISSIONS AND RECORDS  
SUMTER, SOUTH CAROLINA 29150**

**Request for Transcript Form**

**Instructions:** (1) Print firmly completing all items on this form. (2) Pay the **TRANSCRIPT FEE** of **\$4.00** per copy to the Financial Services Office and allow 3 days for clearance and processing. (3) Return or submit both the receipt for payment and this request form to the Office of Admissions and Records. Use a separate form for each different addressee. Requests will be filled in the order in which received. **NOTE:** No request can be honored for a person whose College Account or Federal Student Loan Account is delinquent.

1. Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
\_\_\_\_\_ Last (Maiden) First MI  
Address \_\_\_\_\_  
\_\_\_\_\_ Street City State Zip Code  
Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Currently Enrolled:  Yes  No Last Date of Attendance \_\_\_\_\_  
Graduated:  Yes  No Date of Graduation \_\_\_\_\_  
Mail transcript to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Indicate Purpose For Which Transcript Is Being Sent

Transfer Admissions Application  Graduate School Application  
Name of School \_\_\_\_\_  
 Employment Application \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**RECEIVING THE YELLOW COPY OF THIS FORM INDICATES THAT  
THE TRANSCRIPT HAS BEEN MAILED AS REQUESTED**

<b>FOR OFFICE USE ONLY</b>			
DATE REC'D _____	BY MAIL _____	FAX _____	ON-SITE _____
REC'D BY _____	PAID <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROCESSED & SENT BY _____		ON _____	